

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Silbert

Mailing Address 2110 Harrisburg Pike

City
Lancaster

State
PA

Zip Code
17601-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 5F1DF1BF-35DD-4BD3-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chasidy Singleton

Mailing Address 2311 Pierce Ave

City
Nashville

State
TN

Zip Code
37232-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 6509C5ED-2A9F-41FE-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brian Sippy

Mailing Address 700 W Kent Ave

City
Missoula

State
MT

Zip Code
59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 9A471975-E345-45CB-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►